

CLAIMS ONLY							Application Number 09/931170		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1	/		/		/		51					
2		/		/		/	52					
3		/		/		/	53					
4		/		/		/	54					
5	/		/		/		55					
6		/		/		/	56					
7		/		/		/	57					
8		/		/		/	58					
9	/						59					
10		/					60					
11		/					61					
12				/		/	62					
13				/		/	63					
14				/		/	64					
15				/		/	65					
16				/		/	66					
17				/		/	67					
18			/		/	/	68					
19				/		/	69					
20				/		/	70					
21				/		/	71					
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38							88					
39							89					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3		3		3		Total Indep					
Total Depend	8		17		19		Total Depend					
Total Claims	11		20		20		Total Claims					